



Figure 1: Magnetic resonance imaging—right paravertebral mass (arrows)

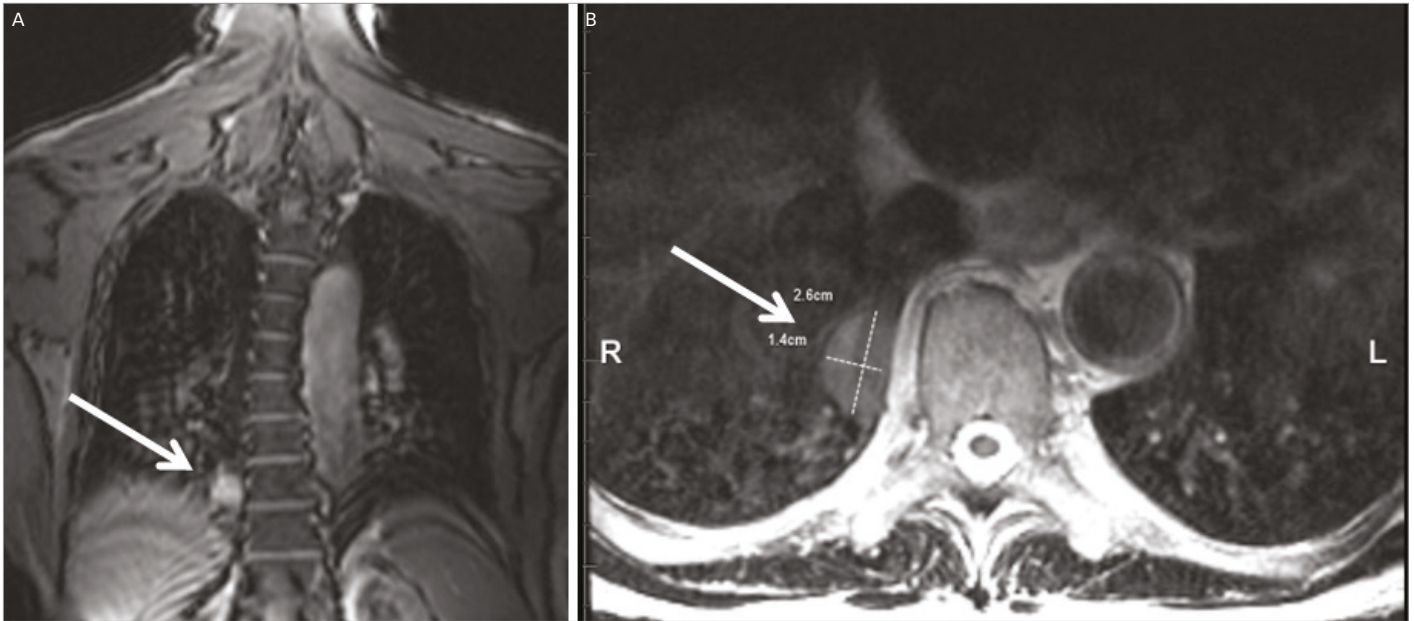
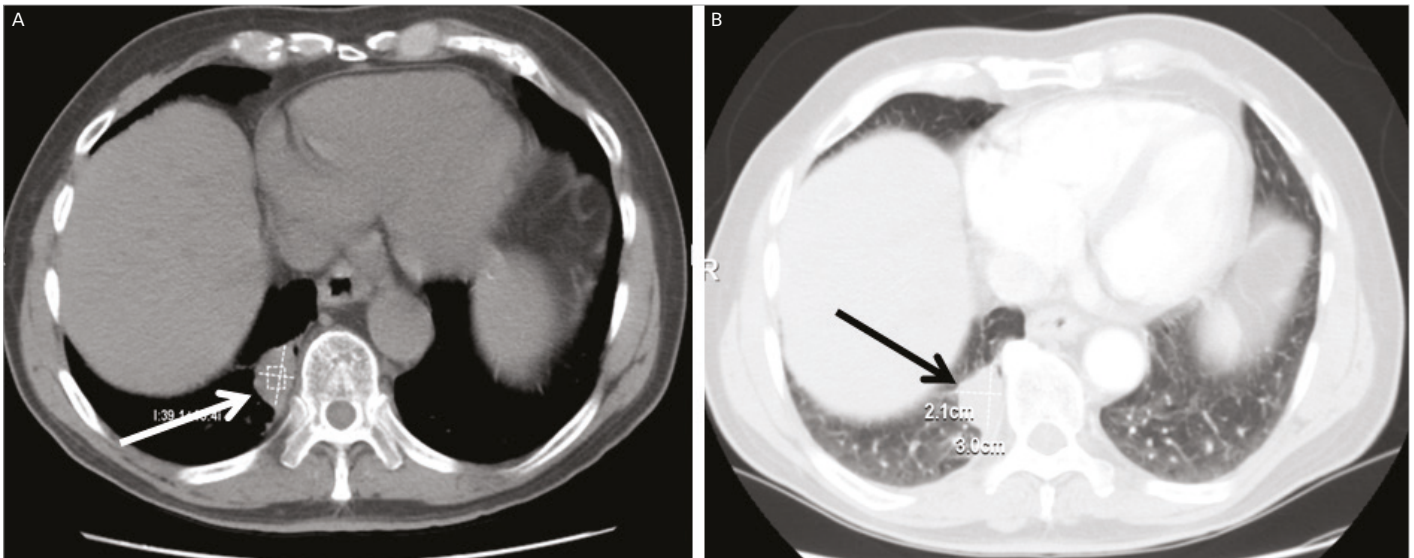


Figure 2: Computed tomography scan—right paravertebral mass (arrows)



**Discussion**

We report on an octogenarian male who presented with chronic cough and was found to have a pulmonary nodule. Differential diagnoses of such lesions in the elderly include benign and malignant tumors, infections, and malformations such as pulmonary sequestration.<sup>3</sup> Primary lung cancer and metastases of various cancers and a variety of benign lung lesions such as neurogenic tumors need to be considered; PET/CT scan frequently helps in establishing diagnosis.<sup>15</sup> It should be noted that this type of malformation is diagnosed extremely rarely in individuals older than 60 years.<sup>13,14</sup> Montjoy et al. reported three adult patients with pulmonary sequestration; they were aged 57 to 62 years,<sup>8</sup> and the oldest patient in the Gompelmann series from Germany was 59 years old.<sup>7</sup> In a large series from Florida including 29 patients with pulmonary sequestration published by Tashtoush et al.,

almost two thirds of individuals were adults, with the oldest being 70 years old.<sup>11</sup> The authors emphasized that many had a delay in diagnosis, as other more common pulmonary conditions were initially considered. Almost all patients in these series underwent surgical treatment.<sup>7,8</sup> Diagnosis of pulmonary sequestration in adults may be difficult both on chest X-ray and uncontrasted CT scan. During the arterial phase of the contrasted CT scan, the feeding vessel, which commonly originates from the thoracic or supraceliac abdominal aorta may become visible, allowing accurate diagnosis.<sup>2,8,11</sup> In our case we opted for aortic angiography. Huang et al. reported on the use of Doppler sonography in the diagnosis of pulmonary sequestration in another octogenarian patient, however, they subsequently confirmed findings on CT angiography.<sup>13</sup> This patient also did not require intervention as he was not very symptomatic.

Figure 3: Computed tomography scan—feeding artery to the lung sequestration arising from supraceliac aorta (arrows)

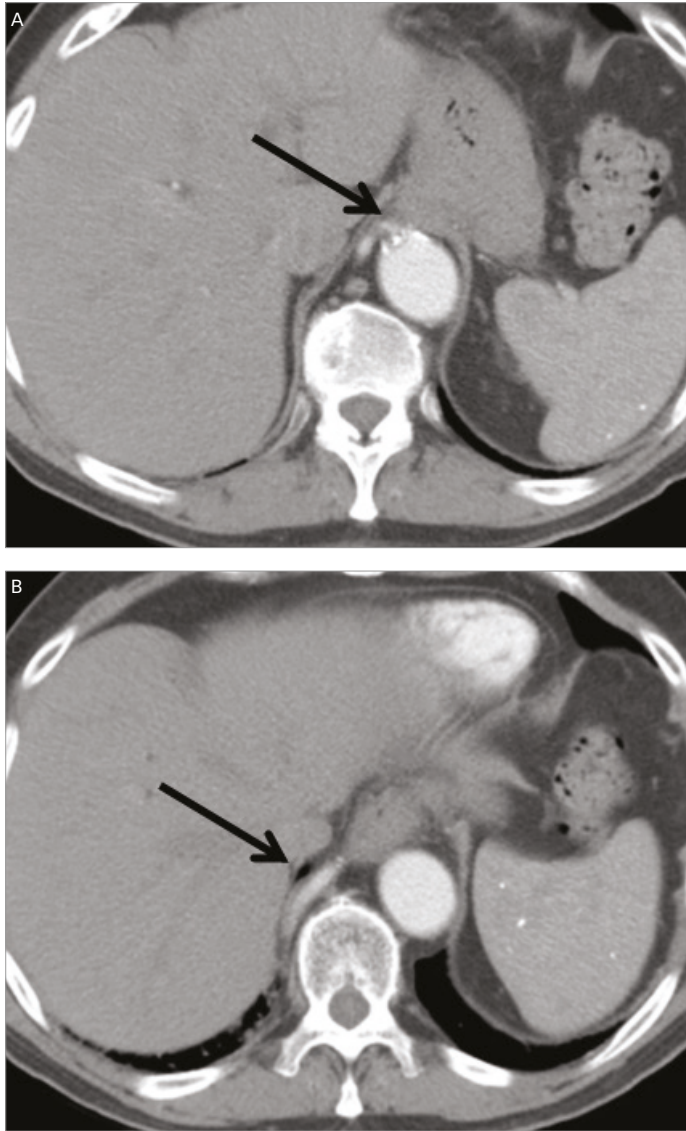


Figure 4: Angiography—selective arteriogram of the feeding artery to the lung sequestration



Our patient was not very symptomatic and did not desire any interventions given his advanced age. Many patients with smaller lesions do not require special treatment. If the lesion is symptomatic, causing recurrent infections, percutaneous embolization through the feeding vessel is an option. Embolization has also been performed in case of massive hemoptysis associated with pulmonary sequestration, as bleeding from these lesions may be fatal.<sup>9,10,16</sup>

To summarize, contrast-enhanced chest CT scan suggested pulmonary sequestration in this elderly gentleman and diagnosis was confirmed by identifying the feeding vessel with angiography. As the lesion was benign and the patient had only minimal symptoms, no additional interventions were made. □

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